

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

3975 Fair Ridge Dr.

Suite 400 North

☐ Check if different than previously reported. (ACC)

FAIRFAX

VA

22033

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00408435

3. IS THIS  
REPORT☐NEW  
(N)

OR

☒AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
06 30 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Doug Huynh

Signature of Treasurer

Doug Huynh

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
08 01 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

## SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">167031.37</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">167031.37</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">20741.66</span>	<span style="border: 1px solid black; padding: 2px;">20741.66</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">187773.03</span>	<span style="border: 1px solid black; padding: 2px;">187773.03</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">22729.13</span>	<span style="border: 1px solid black; padding: 2px;">22729.13</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">165043.90</span>	<span style="border: 1px solid black; padding: 2px;">165043.90</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

### For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y  
01 01 2013

To:

M M / D D / Y Y Y Y Y  
06 30 2013

**I. Receipts**

**COLUMN A**  
**Total This Period**

**COLUMN B**  
**Calendar Year-to-Date**

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16465.00

16465.00

(ii) Unitemized .....

4162.50

4162.50

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

20627.50

20627.50

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

20627.50

20627.50

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

114.16

114.16

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3) .....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20741.66

20741.66

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

20741.66

20741.66

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	229.13	229.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	229.13	229.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	22500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22729.13	22729.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22729.13	22729.13

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20627.50	20627.50
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20627.50	20627.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	229.13	229.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	229.13	229.13

: 97 'A-G79 @G B9CI G'H9LH'F9 @H98 'HC'5 'F9DCFHŽG7 <98I @ 'CF' +H9A-N5HCB  
.

Form/Schedule: F3XA

Transaction ID :

Amend - Made corrections to a clerical error. \$2,500.00 contribution to Pompeo for Congress was designated to general election while the \$5,000.00 contribution was designated to primary.

Form/Schedule:

Transaction ID:

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Lawrence John Briggs**

Mailing Address 9 Thicket Lane

City

W Hartford

State

CT

Zip Code

06107

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Dartmouth-Hitchcock Medical Ce

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 29 / 2013

Transaction ID : SA11AI.8125

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Jeffrey R. Conaway**

Mailing Address 5800 Foxridge Drive, Suite 240

City

Shawnee Mission

State

KS

Zip Code

66202

FEC ID number of contributing  
federal political committee.

C

Name of Employer

United Imaging Consultants, LL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 04 / 2013

Transaction ID : SA11AI.8079

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Matthew Cronin**

Mailing Address 814 Narcissus Avenue

City

Clearwater

State

FL

Zip Code

33767

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Clearw

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 23 / 2013

Transaction ID : SA11AI.8103

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 25  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Michael Cumming**

Mailing Address 1 Veterans Dr.

City State Zip Code  
 Minneapolis MN 55417

FEC ID number of contributing  
federal political committee.

C

Name of Employer

VA Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 28 / 2013

Transaction ID : SA11AI.8040

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Bhavika R. Dave**

Mailing Address 959 Lake Harbour Dr.  
 Apt 1101

City State Zip Code  
 Ridgeland MS 39157

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Mississippi Medi

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 02 / 03 / 2013

Transaction ID : SA11AI.8021

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Brian F. DeCesare**

Mailing Address 7433 West Shore Drive

City State Zip Code  
 Edina MN 55435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Suburban Radiologic Consultant

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 21 / 2013

Transaction ID : SA11AI.8100

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 9 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Samy Dhurairaj**

Mailing Address 1648 E. Thistle Dr

City

Wyomissing

State

PA

Zip Code

19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Reading Hospital

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2013

Transaction ID : SA11AI.8045

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Vincent L. Flanders**

Mailing Address 5901 Technology Center Drive

City

Indianapolis

State

IN

Zip Code

46278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northwest Radiology

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 28 / 2013

Transaction ID : SA11AI.8047

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Bryan Hankins**

Mailing Address 8452 Sunningdale Blvd.

City

Indianapolis

State

IN

Zip Code

46234

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self-employed

Occupation

Physician

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 21 / 2013

Transaction ID : SA11AI.8099

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Colleen Harker**

Mailing Address 1588 Yale Ave.

City State Zip Code  
Salt Lake City UT 84105

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LDS Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 30 / 2013

Transaction ID : SA11AI.8135

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Anthony Hein**

Mailing Address 25 Camden Place

City State Zip Code  
Corpus Christi TX 78412

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology&Imaging of South Tex

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 29 / 2013

Transaction ID : SA11AI.8131

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**c. Christopher Lee**

Mailing Address 411 30th Street  
Suite 508

City State Zip Code  
Oakland CA 94609

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 28 / 2013

Transaction ID : SA11AI.8112

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Jason Levy**

Mailing Address 275 Trimble Crest Drive

City State Zip Code  
 Atlanta GA 30342

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY  
 06 / 19 / 2013

**Transaction ID : SA11AI.8098**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Michael J Ludkowski**

Mailing Address 5 Welsh Cobb Court

City State Zip Code  
 Greenville SC 29615

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Spartanburg Regional Medical C

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 06 / 07 / 2013

**Transaction ID : SA11AI.8084**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Feroz Maqbool**

Mailing Address 425 N.W. 148 Terrace

City State Zip Code  
 Edmond OK 73013

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Of Oklahoma College

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY  
 05 / 29 / 2013

**Transaction ID : SA11AI.8056**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Timothy Maroney**

Mailing Address 206 Broad and Vine Sts.

City

Philadelphia

State

PA

Zip Code

19102

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hahnemann University Hospital

Occupation

doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : SA11AI.8087**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Mylon Marshall**

Mailing Address 2201 Lassen Pl.

City

Davis

State

CA

Zip Code

95616

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiological Associates of Sac

Occupation

doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	28	/	2013

**Transaction ID : SA11AI.8054**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. John McGue**

Mailing Address 3768 W. Pawnee Dr.

City

LaPorte

State

IN

Zip Code

46350

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LaPorte Radiology Inc

Occupation

doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	30	/	2013

**Transaction ID : SA11AI.8064**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Paul Neese**

Mailing Address 2401 S 31st Street

City State Zip Code  
 Temple TX 76508

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Scott & White Hospital

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 05 / 30 / 2013

Transaction ID : SA11AI.8065

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. Adam Nevitt**

Mailing Address 22 Balclutha Dr.

City State Zip Code  
 Corte Madera CA 94925

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Seton Medical Center

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 17 / 2013

Transaction ID : SA11AI.8096

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Jin Park**

Mailing Address 11692 Parkside Ave

City State Zip Code  
 Alpharetta GA 30005

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Radiology Associates

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 06 / 23 / 2013

Transaction ID : SA11AI.8105

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Mahrad Paymani**

Mailing Address 7635 Frog Log Lane

City  
Leesburg

State Zip Code  
FL 34748

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Centra

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 07 / 2013

Transaction ID : SA11AI.8085

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Rainer N. Poley**

Mailing Address 404 Rio Grande St #432

City  
Austin

State Zip Code  
TX 78701

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of California - San

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2013

Transaction ID : SA11AI.8053

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Richard Price**

Mailing Address 13348 Old Winery Rd.

City  
Poway

State Zip Code  
CA 92064

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Palomar Medical Center

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 26 / 2013

Transaction ID : SA11AI.8107

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)****ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 25

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Mohammed F Quraishi**

Mailing Address 728 134th ST SW #120

City

Everett

State

WA

Zip Code

98204

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radia, Inc. P.S.

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	2		0	6		2	0	1	3		

**Transaction ID : SA11AI.8023**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Dr Rodney Raabe**

Mailing Address 6361 S. Auer St.

City

Spokane

State

WA

Zip Code

99223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Sacred Heart Medical Center

Occupation

doctor

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		1	4		2	0	1	3		

**Transaction ID : SA11AI.8091**

Amount of Each Receipt this Period

3000.00

Full Name (Last, First, Middle Initial)

**C. Praveen Reddy**

Mailing Address 984 Wescott Lane NE

City

Atlanta

State

GA

Zip Code

30319-4325

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northside Radiology Associates

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		0	1		2	0	1	3		

**Transaction ID : SA11AI.8031**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

4000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Kenneth Robbins**

Mailing Address 9601 Lile Dr  
Ste 1100

City State Zip Code  
Little Rock AR 72205

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Consultants

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 30 / 2013

Transaction ID : SA11AI.8063

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Dr. David Sacks**

Mailing Address 1317 Old Mill Rd.

City State Zip Code  
Reading PA 19610

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Reading Hospital and Medic

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2013

Transaction ID : SA11AI.8044

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Russ F. Saypoff**

Mailing Address 6 Diploma Place

City State Zip Code  
East Setauket NY 11733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Access Care

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 29 / 2013

Transaction ID : SA11AI.8057

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 OF 25

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

A. Kartik Shah

Mailing Address 121 North Fairwood Drive

City State Zip Code  
 Sinking Spring PA 19608

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Lancaster Regional Medical Cen

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 06 / 28 / 2013

Transaction ID : SA11AI.8123

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Joseph L. Skeens

Mailing Address 2908 Winchester Ave.

City State Zip Code  
 Ashland KY 41101

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Renaissance Medical Imaging

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

965.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 05 / 30 / 2013

Transaction ID : SA11AI.8066

Amount of Each Receipt this Period

965.00

Full Name (Last, First, Middle Initial)

c. Dr. Coralli So

Mailing Address 244 West Newton St.  
 #3

City State Zip Code  
 Boston MA 02116

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Melrose-Wakefield Hospital

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 22 / 2013

Transaction ID : SA11AI.8016

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

1465.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

## **A. Dr. James Spies**

Mailing Address 3800 Reservoir Road, Nw  
Cg201

City State Zip Code  
Washington DC DC 20007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Georgetown University Medical

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 29 / 2013

Transaction ID : SA11AI.8127

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Dr. Frank Taylor**

Mailing Address 3100 E Fletcher Ave

City State Zip Code  
Tampa FL 33613

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Community Hospital

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
05 / 28 / 2013

Transaction ID : SA11AI.8041

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Brandon S Tominna**

Mailing Address 1535 Gull Road  
Suite 200

City State Zip Code  
Kalamazoo MI 49048

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Premier Radiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
06 / 15 / 2013

Transaction ID : SA11AI.8092

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 19 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Dr. Jonathan Uy**

Mailing Address 800 West Ave S

City  
La Crosse

State Zip Code  
WI 54601

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Franciscan Skemp Health Care

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 04 / 2013

Transaction ID : SA11AI.8077

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Saravanan Valliappan**

Mailing Address 206 N. Aleppo Ct

City  
Litchfield Park

State Zip Code  
AZ 85340

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Valley Radiologists

Occupation  
doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 09 / 2013

Transaction ID : SA11AI.8013

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Kevin E. White**

Mailing Address 4062 Viewcrest Loop

City  
Floyds Knobs

State Zip Code  
IN 47119

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Floyd Memorial

Occupation  
Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
06 / 30 / 2013

Transaction ID : SA11AI.8134

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

750.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Grant J. Yanagi**

Mailing Address 486 Windwood on Skye

City State Zip Code  
 Fayetteville NC 28303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Regional Radiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

05 / 09 / 2013

Transaction ID : SA11AI.8032

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Grant J. Yanagi**

Mailing Address 486 Windwood on Skye

City State Zip Code  
 Fayetteville NC 28303

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Carolina Regional Radiology

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

06 / 28 / 2013

Transaction ID : SA11AI.8115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Dr. Charles Yim**

Mailing Address 5 Castlwall Ct.

City State Zip Code  
 Lutherville Timoni MD 21093

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Advanced Radiology

Occupation

doctor

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 05 / 2013

Transaction ID : SA11AI.8081

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1000.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 21 OF 25

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Van An Young**

Mailing Address 2 Emery Lane

City

Cincinnati

State

OH

Zip Code

45227

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Radiology Associates of Northe

Occupation

Physician

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 28 / 2013

Transaction ID : SA11AI.8034

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

250.00

16465.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 25

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Bank of America**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		17		2013

Mailing Address PO Box 27025

City	State	Zip Code
Richmond	VA	23261

**Transaction ID : SB21B.8012**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

37.63
-------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

Category/ Type
-------------------

--

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

**SUBTOTAL** of Disbursements This Page (optional)..... ►

37.63
-------

**TOTAL** This Period (last page this line number only)..... ►

37.63
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 23 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. J. PHILLIP GINGREY**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2013

Mailing Address 632 N. St. Marys Lane

City	State	Zip Code
Marietta	GA	30064

**Transaction ID : SB23.8138**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**GINGREY FOR CONGRESS**Category/  
Type

2500.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State: GA	District: 11	

Full Name (Last, First, Middle Initial)

**B. GUTHRIE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2013

Mailing Address PO BOX 9639

City	State	Zip Code
BOWLING GREEN	KY	42102

**Transaction ID : SB23.8154**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**S. BRETT GUTHRIE**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State: KY	District: 02	

Full Name (Last, First, Middle Initial)

**C. MARSHA BLACKBURN FOR CONGRESS, INC.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2013

Mailing Address PO BOX 3750

City	State	Zip Code
BRENTWOOD	TN	37024

**Transaction ID : SB23.8155**

Purpose of Disbursement

Amount of Each Disbursement this Period

Candidate Name

**MARSHA MRS. BLACKBURN**Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2013 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼
State: TN	District: 07	

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Pompeo for Congress**

Mailing Address P.O. Box 780146

City	State	Zip Code
Wichita	KY	67278

Purpose of Disbursement

Candidate Name

**Mike Pompeo**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 04

Disbursement For: 2013
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		28		2013

**Transaction ID : SB23.8139**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**B. Pompeo for Congress**

Mailing Address P.O. Box 780146

City	State	Zip Code
Wichita	KY	67278

Purpose of Disbursement

Candidate Name

**Mike Pompeo**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: KS	District: 04

Disbursement For: 2013
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2013

**Transaction ID : SB23.8149**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. Re-elect Tim Griffin for Congress**

Mailing Address P.O. Box 7526

City	State	Zip Code
Little Rock	AR	72217

Purpose of Disbursement

Candidate Name

**Tim Griffin**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President
State: AR	District: 02

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		14		2013

**Transaction ID : SB23.8142**

Amount of Each Disbursement this Period

3500.00
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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

11000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 25

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**SOCIETY OF INTERVENTIONAL RADIOLOGY POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Scalise for Congress**

Mailing Address 2338 Rayburn HOB

City	State	Zip Code
Washington	DC	20515

Purpose of Disbursement

Candidate Name

**steve scalise**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: LA District: 01

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		20		2013

**Transaction ID : SB23.8150**

Amount of Each Disbursement this Period

2000.00
---------

Full Name (Last, First, Middle Initial)

**B. JOHN M SHIMKUS**

Mailing Address 504 Sumner Boulevard

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement

Candidate Name

**VOLUNTEERS FOR SHIMKUS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 19

Disbursement For: 2013

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		17		2013

**Transaction ID : SB23.8137**

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. VOLUNTEERS FOR SHIMKUS**Mailing Address P.O. Box 5458  
PO BOX 5458

City	State	Zip Code
Springfield	IL	62705

Purpose of Disbursement

Candidate Name

**JOHN M SHIMKUS**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 19

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2013

**Transaction ID : SB23.8148**

Amount of Each Disbursement this Period

2500.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

7000.00
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22500.00
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